Cancer Care
Nova Scotia

Report on the Palliative Care Roundtable

June 5, 2001

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Introduction

The purpose of this ***Cancer Care Nova Scotia (CCNS)*** Roundtable was to develop strategies for facilitating the implementation of a comprehensive, accessible, integrated approach to the delivery of palliative care services for cancer care in Nova Scotia.

One hundred and sixty five (165) people participated in the Roundtable including patients and survivors, family members and informal caregivers, nurses, physicians, administrators, volunteers, allied health professionals and cancer agency staff.

The approach was strategic in orientation, building capacity and enhancing and utilizing existing expertise for provincial benefit and outcomes.

Expected outcomes for the Roundtable are included in this report: a draft plan with action steps, accountabilities for key issues areas for the province, all in the context of caring for patients with cancer.

A glossary of acronyms used in this report is included in Appendix #1.

Prior to the Roundtable, a Palliative Care Advisory Committee was struck. This was a group of professionals from across the Province and included the following:

Dr. David Abriel, Family Physician, Western Region

Ms. Shauna Blundon, Project Officer, ***CCNS***

Ms. Sandra Cook, Director, Home Care, Home Care Nova Scotia, Department of Health

Ms. Barb Farmer, Victorian Order of Nurses

Dr. Gerry Farrell, Family Physician, Northern Region

Dr. Gerri Frager, Medical Director Pediatric Palliative Care Service, IWK Health Centre

Ms. Heidi Little, Receptionist/Secretary, ***CCNS***

Ms. Ann McKim, Project Manager, RPHCPP, Northern Region

Dr. Murray Nixon, Provincial Medical Advisor, Department of Health

Ms. Tamara Plante, Receptionist/Secretary, ***CCNS***

Mr. Brent Powers, Administrative Coordinator, ***CCNS***

Ms. Judy Simpson, President, NS Hospice Palliative Care Association

Ms. Glenna Thornhill, QEII Health Sciences Centre

Ms. Theresa Marie Underhill, Chief Operating Officer, ***CCNS*** and Committee Chair

Roundtable

The Roundtable was opened by Mr. Jamie Muir, Nova Scotia Minister of Health, who welcomed participants and congratulated ***Cancer Care Nova Scotia*** on making this event possible. Mr. Muir confirmed the provincial

government's commitment to quality and compassionate end-of-life care, and that the government recognizes the benefits of such care and wants to improve it both in the hospital and at home.

Mr. Muir further stated that the provincial government supports the need for a national strategy and is prepared to work with the federal government on recognizing the excellence of the Rural Palliative Home Care Pilot Project and considering it as a model for use across Canada. Mr. Muir closed his remarks by thanking participants for their contribution to palliative care. He commented on the importance of the Roundtable to ensure that ideas from as many perspectives as possible are included in strategic and action planning.

Four keynote presentations contributed to an overview of the current situation in palliative care in Nova Scotia. The four presentations and their subjects were:

End-of-Life	Dr. Louise Cloutier, Past President, Medical Society of Nova Scotia & Chair of MSNS Interdisciplinary Working Group on End-of-Life Care Issues
The Northern Region Palliative Care Model	Ms. Ann McKim, Project Manager, Rural Palliative Home Care Project
Service Delivery Inventory and Overview of the Current Situation	Ms. Theresa Marie Underhill, Chief Operating Officer, ***Cancer Care Nova Scotia***
National Norms (Standards) for Palliative Care	Ms. Janet Carver, Palliative Care Coordinator, Lunenburg and Queens.

This Committee reviewed background information and a preliminary needs assessment and identified the following six issues as the key elements in a provincial strategic plan for implementing palliative care throughout the province:

1. Education of Palliative Care Professionals
2. Patient Referral
3. Inter-District Coordination
4. Access to Services
5. Inter-Disciplinary Collaboration
6. Volunteer Development.

Roundtable Process:

In planning the Roundtable, the Advisory Committee members wanted to ensure that this workshop did not repeat recommendations and discussions held at previous events that focussed on palliative care. As a result, prior to the Roundtable, ***CCNS*** staff summarized for each issue area a list of previous initiatives, what was going well and what needed improvement.

Participants then worked in small groups to:

(a) review and update these current situation tables; and

(b) develop strategies for each issue, including accountability and timelines.

Due to the large number of participants (165), each issue was discussed by three groups. Results have been synthesized in this report to avoid duplication.

Reviewing the results of this Roundtable and finalizing a strategic approach to palliative care in the province is a collaborative challenge. To this end, ***CCNS*** has shared the report with the Roundtable Advisory Committee to get their input and advice prior to finalizing the plan and moving to implementation. The Report will be circulated broadly for information purposes as well as to support the implementation.

Palliative Care in Nova Scotia: a Strategic Approach

The table below and on the successive pages represents the action plan developed through a consensus based process. In the left column are excerpted statements from participants on the needs in the system and comments from participants' evaluations.

Please note that common abbreviations used in the following table include:

PC	Palliative Care
CPCA	Canadian Palliative Care Association
DHA	District Health Authority
DOH	Department of Health
MSNS	Medical Society of Nova Scotia
RNANS	Registered Nurses Association of Nova Scotia

1. Education of PC Professionals

The challenge is to (a) increase the investment in palliative care education for health professionals and (b) provide universal, consistent, accessible, knowledgeable and up-to-date curricula and education for each health care provider group in Nova Scotia in a timely, cost effective manner.

"There needs to be developed training programs for team members – together with care providers and the general public."

"Increase palliative care education to all health care professionals, especially at the undergraduate level"

	Strategy	Accountability	Timeline
1.1	Build capacity by identifying health care professionals within each District who can deliver/facilitate PC education.	DHAs	Dec/ 01
1.2	Identify interdisciplinary local champions and develop their expertise as opinion leaders and educators, e.g., through an opinion leaders conference.	QEII/IWK PC	Nov/ 01
1.3	Review/revise/implement the Rural Palliative Care Pilot Project's education curriculum (front-line, resource teams and faculty development) in all Districts in Nova Scotia.	***CCNS***/ PC Coordinator	June/ 03
1.4	Establish agreements with licensing bodies for health professional academic institutions to ensure PC content is included as <u>core</u> content.	CPCA and NSHPCA	June/ 03
1.5	Lobby the government to champion new curricula for PC education.	***CCNS***	Nov/ 01
1.6	Explore creative methods of delivering PC education, e.g., accommodating shifts, audiotaping, videotaping. (3)	Provincial PC Coordinator/ Employers and professional bodies	Immediately

2. Patient Referral

a. Identifying Patients

The challenge is to identify patients at the optimal point in the trajectory to ensure that necessary services are offered/delivered to all patients.

"The creation of a widely available document or manual on Palliative care...which includes peer-reviewed, user friendly, guidelines."

"Cancer patients must have open and honest communication with their health providers so they can access palliative care early instead of at the end of their life."

	Strategy	**Accountability**	**Timeline**
2a.1	Develop a provincial information package on PC for patients and families regarding provincial- and District-specific PC services. The package should: • indicate that PC is both a resource and a treatment option • address fears and misunderstandings • identify who may refer • be provided early in an illness.	***CCNS***	June/ 02
2a.2	Identify and develop creative consumer education strategies about PC benefits and services.	MSNS/ RNANS	June/ 02
2a.3	Ensure available PC services are advertised extensively and creatively.	Regional Service Providers	Dec/ 02
2a.4	Enhance clinician/patient communication in areas related to health care transitions to promote informed choices, e.g., through • skill development • presentation of PC as a treatment option in the cancer care setting • via pamphlets and • discussions with oncologist/oncology nurse/Homecare.	***CCNS*** Commissioner and PC Coordinator/ MSNS	June/ 02
2a.5	Ensure that PC and related expertise is introduced as a resource at the time of diagnosis and have a District-specific 1-800 telephone number available for referrals on a 24 hour/7 days/week basis.	Oncologist/ Oncology Nurse	Nov/ 01

b. Interdisciplinary Team

The challenge is to establish and finance an interdisciplinary team based on population numbers and make it accessible to all Nova Scotians.

	Strategy	Accountability	Timeline
2b.1	Determine and implement systems and resources necessary to ensure optimal patient referral.	DOH	Oct/ 02
2b.2	Educate community and health care professionals on available services and how they can be accessed.	Interdisciplinary Team	Oct/ 02
2b.3	Establish provincial standards for referrals, including an evaluation of the effectiveness of the current referral process.	Interdisciplinary Team	June/ 02

3. Inter-District Coordination

a. Provincial PC Model

The challenge is to implement a provincial PC model that enables single point access, case management and resource allocation in each District.

"We need to develop a provincial strategy for palliative care, including provincial standards now."

	Strategy	Accountability	Timeline
3a.1	Establish and approve a provincial framework for funded essential core PC services similar to the Diabetes Care Program and the Reproductive Care Program.	DOH and partners	March/ 02
3a.2	Develop and implement a Case Management Model.	DOH: Policy DHA: Implementation	March/ 02
3a.3	Make each District accountable for development of a communication/referral process in PC in and between Districts.	CEOs of each District	Nov/ 01
3a.4	Implement a single access system.	DOH: Policy DHA: Implementation	April/ 02

b. Provincial PC Standards

The challenge is to adopt and implement palliative care standards through leadership at the DHA level and with the commitment of the Department of Health.

	Strategy	**Accountability**	**Timeline**
3b.1	Reach consensus on standards for PC and endorse these through partnering; build on current work on national norms.	DOH and partners (e.g., DHAs, RNANS, MSNS, CPCA)	March-June/ 02
3b.2	Establish collaborative leadership to facilitate integration and coordination of PC standards among various sectors inter/intra District levels.	DOH	March-June/ 02
3b.3	Review, revise and adopt the 1998 Document on Integration of PC in Nova Scotia.	DOH and Partners	March-June/ 02

"The NS Working Group on Palliative Care came out with a detailed plan in 1998. So far nothing has happened to it."

4. Access to Services

The challenge is to (a) standardize access to integrated, comprehensive, equitable PC services and resources in all Districts and across all care settings, e.g., home, hospital and long term care, and (b) decrease fragmentation by increasing awareness and coordination.

	Strategy	Accountability	Timeline
4.1	Develop a business case for PC, including key definitions, e.g., PC, end-of-life.	***CCNS*** and NSHPCA task force	Dec/ 01
4.2	Based on the business case, secure funding to implement a comprehensive, integrated PC approach in Nova Scotia.	***CCNS*** in partnership with government	April 1/ 02
4.3	Review what has been learned about access to services in the Northern Region Project and initiate a customized approach in each District.	DOH/***CCNS***	June/ 02
4.4	Develop/improve education programs to increase public and health care professional awareness of PC resources and how to use them effectively.	DOH/***CCNS***/DHAs	June/ 02
4.5	Initiate and develop a PC outreach clinic.	***CCNS***	June/ 02
4.6	Review and re-define social values in each District regarding end-of-life issues and educate/communicate to consumers.	Interdisciplinary collaborative team initiated by ***CCNS***	Dec/ 03
4.7	Develop a single, 24 hour, provincial access number that will coordinate triage and access to services at the District level, i.e., a PC hotline.	DOH	Dec/ 02

"24/7 assistance is needed with a help line for families and health professionals."

5. Interdisciplinary Collaboration

The challenge is to create mandatory, funded, community-based, accessible, interdisciplinary palliative care teams for all areas of the province based on clear roles, relationships and standards.

"Interdisciplinary teams and assessment are crucial to build in."

	Strategy	**Accountability**	**Timeline**
5.1	Review the steps in this strategy and develop a business plan to obtain the funding for implementation.	DOH/***CCNS***	Sept/ 01
5.2	Establish core PC teams reflective of patient and family needs for each hospital/CHC in the District.	DHA	Dec/ 01
5.3	Ensure appropriate remuneration for all PC team members including physicians and coordinators of volunteers.	DHA/DOH/ MSNS/RNANS/ VON Canada	Dec/ 01
5.4	Ensure that patient chart data is accessible to all PC team members, e.g., using the Rural Palliative Home Care Pilot Project model.	***CCNS*** (model provincial format)	Dec/ 01
5.5	Develop a curriculum to train team members to work effectively together. Create innovative learning strategies to meet the needs of various Districts, e.g., distance learning.	PC Provincial Coordinator/ Commissioner, ***CCNS***	June/ 02
5.6	Have curriculum reviewed and endorsed by a respected academic institution.	PC Provincial Coordinator/ Commissioner, ***CCNS***	June/ 03
5.7	Disseminate curriculum information to all Districts.	***CCNS***	June/ 03
5.8	Ensure ongoing support for effective teambuilding.	DHA/Individual team	Dec/ 01

6. Volunteer Development

The challenge is to recognize and develop the volunteer role through appropriate recruitment, screening, training, support and ongoing education, including the establishment of a paid coordinator of PC volunteers, programs and services.

	Strategy	**Accountability**	**Timeline**
6.1	Develop a generic provincial role description for PC volunteers based on a review of the current situation in each District. Involve volunteers in the process.	***CCNS*** in partnership with NSHPCA	Jan/ 02
6.2	Get approval to apply NSHPCA volunteer standards province-wide.	***CCNS***	Jan/ 02
6.3	Based on this report, develop a business case in support of volunteer involvement in PC services and take it to DOH for appropriate funding.	***CCNS***	March/ 02
6.4	Establish a paid position for the coordinator of PC volunteers in each health District.	DHA	Jan/ 02
6.5	Ensure care and ongoing education and support for volunteers, including appropriate programs and financial support.	Local volunteer programs/ Provincial and District Coordinators	Begin Immediately; programs in place by June, 02
6.6	Conduct regular public information sessions to aid in recruitment of PC volunteers.	District PC Coordinators	June/ 02
6.7	Include PC volunteers and managers as part of the PC development process.	Provincial PC service directors	Immediately

District-Specific Considerations

Working in District groups, participants identified considerations unique to their District that will have an impact on how a provincial strategy for palliative care in cancer is implemented. ***CCNS*** will consider the following factors when implementing a provincial approach.

District 1

Population and size, e.g.,

- geographical isolation/separation
- transportation is an issue for patients with little or no family or financial resources.

Recently became an assigned program within the District structure.

Resources and services, e.g.,

- a District program for palliative care is already in existence (hospital-based with community outreach and a bereavement program)
- accessible interdisciplinary education at university or through distance education is not available
- caseload size and incomplete teams impairs effective teamwork
- linkages are being developed with chemotherapy
- small community resources - advertising being globally funded
- there are regular interdisciplinary team rounds (hospital and community agencies)
- there is a lack of available respite and acute care beds dedicated to Palliative Care
- there is a volunteer program
- there is increased demand on resources; more funding and human resources are required to meet growing needs
- there is no core team in the District or county
- there is not enough back-up staff; home support services are underfunded and understaffed.

There is increased interest in and profile for palliative care in the community.

District 2

Population and size, e.g.,

- distance is a problem
- there are multicultural populations in clusters throughout the District.

Human resource issues, e.g.,

- we need a funded, non-hospital based coordinator for palliative care
- incentives are required to attract physicians and other health professionals to our District
- key people have been lost as a result of cutbacks.

Three hospitals offer different services and there is no defined program for palliative care.

District 3

Human Resources, e.g., we need

- a designated palliative care physician
- a designated District Palliative Care Coordinator
- pharmacists, social workers and spiritual advisors.

Ongoing education for all disciplines and the community at large.

Quality monitoring.

Seamless, integrated interdisciplinary delivery of care needs to be developed.

We need a designated palliative care program that includes children.

District 4

Transfer the culture and knowledge to other areas.

We need to grow service and skills in palliative care so that we work ourselves out of a job.

District 5

A functional palliative care model is in practice now.

Communication can be a challenge, e.g., out of province ownership and territorial problems.

Human Resources, e.g., a crisis in number of caregivers (home care workers).

Population/geography, e.g.,

- large area with small population
- close to Moncton
- transportation for patients.

District 6

We currently benefit from:

- Rural Palliative Care Module
- interdisciplinary team

- common assessment tools
- 1-800 home care number for referrals
- Aberdeen Palliative Care Society
- smaller size
- education services for general public.

District 7

Established partnerships need development.

Long term care is lacking and needs to be developed.

Population and geography, e.g.,

- large rural area/small population
- demographics are significant, e.g., high cancer rates and percentage of elderly population; language and cultural uniqueness of the population, i.e., people who are French Canadian/Native/Black.

Resources and services, e.g.,

- "Aging in Place"
- financial and human resources are limited in rural areas
- Inadequate amount and type of respite service
- palliative care is in place as a core service
- Palliative Care Coordinators exist in all facilities
- there is a nurse consultant at the regional facility
- traditional/existing family support is not always available to support patients at home.

District 8

Environmental concerns

Population/geography, e.g.,

- aging population and decreased family support
- cancer rates are high and increasing
- isolated for service delivery
- population is a mix of urban and rural; the First Nations population is the largest in the province
- referred 480 patients to District 9 (80% cancer, 20% other).

Resources and services, e.g.,

- excellent surgical/medical specialties
- high patient/family physician ratio
- limited options for the elderly and access to bereavement services

- linkages with oncology, volunteers, community
- palliative care patients are identified; number of referrals is increasing
- there is a cancer centre in our District
- there is a commitment to open a palliative care unit in the District
- there is a structured/funded palliative care service
- very active hospice society
- well developed urban palliative care program; the rural program is still being developed.

District 9

Access, e.g.,

- 1/3 of population doesn't have a community hospital
- many family physicians don't have hospital admitting privileges
- palliative care needs to be introduced early in the patient journey
- patients may be confused about where to go, e.g., primary vs. tertiary care.

Population and geography, e.g.,

- large centres may not have the most efficient access to services; smaller centres can provide better access
- "master plans" developed in large urban areas may not be effective in other communities
- program development has to reflect cultural diversity
- the need to commute for services means extra costs for some patients
- there is a high incidence of poverty and a large transient population
- there is a large mixed urban/suburban/rural population with diverse needs.

Resources, e.g.,

- a palliative care interest group is in place
- although the expertise exists, there is a lack of resources throughout the District to implement an inter-regional model
- broad base of physicians and education
- concentrated, highly trained staff
- flow of resources needs to follow patients
- higher concentration of private nursing agencies
- Home Care Care Coordinators and community based care providers
- large number of long-term care facilities
- large number of salaried spiritual caregivers

- less family support
- metro volunteer initiative/joint volunteer training program
- more health care professions to educate
- need to increase awareness of community resources within the District and across the province to facilitate transfer from site to site
- there are many great resources and services for palliative care in the core metro area, but some other areas in the District have no access. The challenge is to ensure equity and continuity in access and services, and avoid stratification in types of available services
- there is a high potential for fragmentation of care because there are too many players; service/program coordination needs to be improved and linkages enhanced
- university city with affiliations to medical school and other health related alliances
- wealth of volunteer expertise.

Major referral centre for the province.

Linkages between tertiary care and the community; tertiary care facilities serve very broad areas (all of Nova Scotia and even other parts of the Maritimes) and their role is very different from primary care.

Greater need for liaison with other Districts for follow-up palliative care.

VISION:

Palliative Care: One Year From Today

Participants discussed what they would like to see in place at this time next year and identified the following points (alphabetical order).

Common Themes

The following themes were common to most Districts.

- A fulltime funded Palliative Care Coordinator has been hired.
- Access for patients is facilitated by a fulltime Volunteer Coordinator.
- All palliative care patients have access to Palliative Care Consultation Teams in outreach throughout the District.
- An accessible, integrated and coordinated Palliative Care Program is in place serving both patients and families and with equitable access for all Nova Scotians.
- Core palliative care services are being funded, maintained and enhanced. There is a fully integrated functioning palliative care core team based at each hospital site with expertise in the local community.
- Education about palliative care is ongoing and being given by trained professionals.
- Financial and human resources are available to ensure that effective, trained palliative care core teams are in place to meet increased demands for services.
- There is 24 hour access to palliative care services in the District.
- There is funding for a Coordinator of Palliative Care Volunteers (1.0 FTE for rural areas).
- There is increased awareness in the community of what palliative care is.

District 1

- A Palliative Care Consultation Team and a District Palliative Care Group/Committee are established.
- An accessible, integrated and coordinated palliative care program is in place serving both patients and families.
- Dedicated palliative care units are operating in hospitals.
- Financial and human resources are available to ensure that effective, trained palliative care core teams are in place to meet increased demand for services.
- Financial support is available for (a) volunteer expenses, (b) family leave and (c) maintaining person at home.
- Practical education is available for family caregivers.

- There has been a change in the mindset of care providers regarding the interdisciplinary approach, especially buy-in, of doctors who are the primary consumers when it comes to "selling the concept".
- There is 24 hour home support at final stages and a 24 hour symptom management/crisis team.
- There is accessible inter-disciplinary education at university, e.g., distance education.
- There is increased awareness in the community of what palliative care is.

District 2

- A fulltime funded Palliative Care Coordinator has been hired.
- District consultation services are available.
- Educational programs sponsored by the DHA are provided locally.
- The District's needs assessment and resources are updated and top priorities identified.
- There is a fully integrated functioning Palliative Care Core Team based at each hospital site with expertise in each community.

District 3

- Education about palliative care is ongoing and being given by trained persons.
- Human resources issues around recruitment and compensation are resolved.
- There is an accessible, integrated palliative care system in place with equitable access for all Nova Scotians.

District 4

- Colchester East Hants Health Authority achieves excellence through an integrated palliative care program. We are known for our best practices and our caring approach. Outcomes are optimal. Patients, families and our health care team are informed partners who take pride in our palliative care program.

  Goals to reach this vision include:

  - increasing the percentage of cancer patients referred to this program
  - integrating palliative care with long term care
  - creating a hospice society or foundation to develop a hospice facility
  - sustaining continuing education
  - developing and maintaining an information system with an electronic medical record for each patient.

District 5

- Access for patients is facilitated by:
  - a fulltime Volunteer Coordinator
  - a funded transportation program
  - an oncology clinic at HVRH
  - **are** able to utilize palliative care services, e.g., designated insured hospice beds in each large nursing home
  - cancer treatment drug coverage
  - long-term care
  - more collaboration and inter-provincial linkages.

District 6

- Day care services are available.
- Education for rural areas is improved.
- Palliative care has been further integrated into long term care, community based services, and First Nations communities.
- Respite care is utilizing long term care.
- There are an increased number of early referrals.

District 7

- All palliative care patients will have access to outreach palliative care consultation teams throughout the District.
- Core palliative care services are being maintained and enhanced.
- Palliative care is identified as a separate service team during accreditation.
- Respite services in communities have been increased.
- The ability and understanding of family physicians of who and how to refer is enhanced.
- The family physician is the key referral point in our District.
- There is heightened sensitivity toward diverse cultural issues.
- There is improved communication between family physicians and palliative care resource teams.

District 8

- A Patient Navigator is in place and working collaboratively with palliative care.
- A small option/hospice/unit has been developed.
- A traveling consultation team is in place.

- Human resources have been increased.
- Information Technology services are available for rural areas.
- Palliative Home Care services have been enhanced, e.g., through an increase of the entitlement.
- The District is actively part of the provincial palliative care education initiative for physicians and other health care professionals.
- The palliative care unit is fully functional by June, 2002.
- The provincial Home Care entitlement developed as part of the RHCPP is available in our District.
- There is 24 hour access to palliative care services in the District.
- There is a palliative care core service with appropriate funding.
- There is equal access to medication and supplies.
- There is funding for a Volunteer Coordinator (1.0 FTE for rural areas).
- Visiting palliative care clinics have been established in rural areas.

District 9

- 24/7 access to palliative care consultation is available.
- A coordinated, integrated, interdisciplinary team meets on a regular basis.
- A District palliative care program based on the framework of the Northern Project is in place by June, 2002. The program includes a single point of access to palliative care services, standardized training for all, case management/coordination and funding for dedicated personnel.
- A Palliative Care Foundation has been initiated.
- A system is in place that provides for a cost effective, integrated palliative care in both urban and rural areas of the District while recognizing the unique leadership role of the District in liaising and providing palliative care to clients from other Districts in Nova Scotia.
- A traveling consultation team is in place.
- All DHAs are working collaboratively to create a comprehensive, accessible inter-disciplinary approach to palliative care in Nova Scotia.
- An effective paper flow system is being used for patient information, e.g., a chart in the home with a uniform assessment tool and summary sheet available to other parts of the program.
- Appropriate care setting is defined by wishes/needs of the patient, not resources.
- Collaboration with primary care physicians is increased.
- Comprehensive bereavement care for both adults and children is part of the Palliative Care Program.
- Core services are mandated with funding to follow the patient and entitlements are given regardless of place of residence.

- Core training and support for volunteers is increased.
- Everyone in the District has equal access to palliative care.
- Expertise for core teams has been identified and developed.
- Families have access to compassionate leave and 24 hour support.
- Funding is available for respite care, drug coverage outside the hospital, caregiver funding/insurance. Increased palliative care resources allow best care in the final month of life without financial impact on family financial resources, e.g., through income support for family caregivers.
- Funding of care is equal in all locations of care.
- Intermediate level beds are available for end-of-life care when care is not feasible at home and an acute care bed is not needed.
- Paid, trained palliative care teams are in place in rural areas.
- Palliative care is accessible to all regardless of geographical location.
- Palliative care is seen as a treatment option.
- Patients have the right to die at home or in their preferred place.
- Practice guidelines and evidence based standards are implemented.
- Respite care is available.
- Standardized intake assessment and outcome measurement data is included in a computerized data base for utilization and financial management.
- There is a Palliative Care Director for the District.
- There is a truly integrated patient/family centred program based on clear standards that includes the entire District.
- There is consistency in access to and quality of both palliative care services and resources.
- There is increased education for patients and staff.

Concluding Remarks

In closing, Dr. Andrew Padmos, Commissioner, ***Cancer Care Nova Scotia,*** acknowledged the commitment, experience, energy and expertise of participants. He confirmed that ***CCNS*** will "commit with gusto" to implementing the final action plan and will carry the Roundtable Report forward to The Department of Health, the District Health Authorities, the Medical Society of Nova Scotia and other key organizations.

Dr. Padmos noted two important themes that emerged during the event: the need to:

(a) add more professional and volunteer caregivers; and

(b) make better use of existing care providers.

Cancer Care Nova Scotia is committed to working with the community to do both.

Cancer Care Nova Scotia planning is predicated on an understanding of palliative care as an inclusive discipline including symptom management, supportive care, end-of-life care and bereavement. ***CCNS*** will continue to work collaboratively with others involved in palliative care, particularly in the areas of education, communication and promotion of palliative care services.

Dr. Padmos concluded with his personal vision statement for palliative care in Nova Scotia: "Not the biggest, not the richest, but still the best".

Cancer Care Nova Scotia

Palliative Care Roundtable – June, 2001

Synthesis of Evaluations

1. From your perspective how successful was this Roundtable in meeting its purpose? (Circle one)

unsuccessful				successful
1	2	3	4	5
		(3)	(53)	(57)

N = 113 Average = 4.6

2. What I liked most about this roundtable was:

- How the workshop was organized and facilitated (51), e.g.,
  - brainstorming and sharing of visions, ideas and solutions
  - breaking down into District groups
  - building on what was already done, then integrating teams and existing resources
  - changing tables to work with different groups
  - communication was facilitated through microphones at each table
  - discussion in small groups enabled us to voice our concerns; everyone had a chance to contribute
  - pacing: the meeting moved along quickly.
- Networking (33), e.g.,
  - interacting with individuals from different disciplines
  - it's always so positive to meet other champions
  - meeting with others from our District
  - sharing new ideas and meeting with others in palliative care across the province.
- Variety of people involved (36), e.g.,
  - participants came from a broad base
  - participants represented a good cross section of perspectives
  - there was a diverse mixture of disciplines and volunteers present
  - there was representation from Districts across the province
- Outcomes (18), e.g., we
  - came out with a product; a plan is in place

"Action! Networking, changing tables to work with different groups."

"Excellent facilitation; topic on target; very action oriented."

- had input into the development and integration of palliative care
- identified unique needs of each District
- learned more about the rest of the province
- produced valuable and concrete information.

"It was well focused and well directed."

- Focus of the meeting (14), e.g., the meeting was
  - focused on Palliative Care for all Nova Scotians
  - on track: participants were committed to the same topic
    - future- and action-oriented – "we will implement...."
    - focused on practical, "do-able" strategies and the aims were realistic.

3. What I liked least about this Roundtable was:

"Bit slower by afternoon when more "zip" needed."

- Meeting processes (22), e.g.,
  - some of the discussion was from previous sessions
  - table groups could have used some help with keeping on time and on track
  - the afternoon was somewhat repetitive with the reporting back; the afternoon reports were too intense to absorb
  - the focus was on Northern Region Palliative Home Care Pilot Project and no mention was made of the Eastern Region's project
  - the preview of what the strategy might be was inadequate
  - there was an emphasis on the role of family physicians to the exclusion of other health professionals
  - there was not enough evidence provided on what does and does not work
  - too much time was spent on giving instructions; they were confusing and too structured, i.e., identifying challenge and vision
  - we moved around constantly
  - we needed more representation from Long Term Care; I would liked to have seen more input from family members, patients and volunteers
  - we spent a little too much time on the triangle.
- Room was too cold. (16)
- Time constraints (10), e.g.,

"Could have been more time allotted for roundtable discussions."

  - a later start time would have made it easier for those who traveled on day of the meeting
  - more time could have been spent on our own Districts/concerns/vision
  - the pace was daunting – a lot of excellent material covered

- the meeting was long but unavoidable.

- It was difficult to hear people in small groups because of large tables; too many people at some tables. (6)

- Outside factors (4), e.g.,
  - lack of awareness of palliative care among policy makers
  - there was little input, time and interest shown from the Minister of Health
  - who is accountable?
  - who will fund follow-up on today?

"Sometimes frustrating to realize the lack of awareness of palliative care even among policy makers."

- Personal factors (3), e.g.,
  - as a staff nurse (not a physician, unit manager, or director) I felt over my head
  - given that I was not involved with the development of the palliative care program, I felt like an outsider at times
  - having to present to a large group
  - I sat at a table that was not from my District to provide insight into an issue.

4. Further Comments:

Many of the comments here echoed feedback already included above under *What I liked most about this roundtable* and they are not repeated here. The comments below relate to taking action on the results of this meeting; these were not mentioned above.

"This has been very encouraging and renews my commitment to Palliative Care."

- Looking forward to what happens next (25), e.g., as a result of this meeting I hope that:
  - we receive a copy of the meeting report
  - suggestions and visions will be implemented; let's get to work
  - there are more gatherings like this one where we come to consensus on what palliative care looks like in Nova Scotia
  - we follow-up on the results one year from today
  - we keep the discussions (sharing) going.

"Great job! Incredibly heart warming to see this provincial focus and action plan coming to fruition. Hats off to CCNS for the palliative care recognition and focus!!"

- Other comments and questions, e.g.,
  - can I get reports of previous meetings?
  - extend support services into rural areas
  - have a member from Department of Health answer questions and concerns
  - how committed is the Department of Health to enhancing palliative care services?

- include non-malignant diagnosis in a specific way, e.g., ALS
- more funding is needed for a core palliative care service

- we need work to define palliative care and when it should start; if it is defined as supportive care, CSTS should look at when and how supportive/palliative care is introduced.

5. Would you/your organization like to be involved with *CCNS* in implementing a provincial strategy on palliative care in the future?

89 of the 119 evaluations responded "Yes".

Some of the key areas included:

- with volunteers
- in education
- any level/any way
- district specific requests
- information dissemination
- long term care perspective
- implementation of services/strategy

"...would like to continue to be a part of the continued efforts to strengthen linkages with CCNS and Palliative Care Program."

Appendix #1: Acronyms and Terms

ACHHR	Advisory Committee on Health Human Resources (F/P/T)
CAM	Complementary and Alternative Medicine
CAMO	Canadian Association of Medical Oncologists
CAMRT	Canadian Association of Medical Radiation Technologists
CANO	Canadian Association for Nurses in Oncology
CAPCA	Canadian Association of Provincial Cancer Agencies
CAPhO	Canadian Association of Pharmacy in Oncology
CAPO	Canadian Association of Psychosocial Oncology
CARO	Canadian Association of Radiation Oncologists
CAT scan	Computed Axial Tomography
CBCC	Cape Breton Cancer Centre
CBHC	Cape Breton Healthcare complex
CBHCC Program	Cape Breton Health Care Complex Palliative Care Program
CCNS	***Cancer Care Nova Scotia***
CCOCS	Canadian Coalition on Cancer Surveillance
CCS	Canadian Cancer Society
CFPC	College of Family Physicians of Canada
CHN	Canadian Health Network
CHS	Canadian Hematology Society
CIHI	Canadian Institute for Health Information
CIHR	Canadian Institutes for Health Research
CIS	Cancer Information Service
CME	Continuing Medical Education
CNA	Canadian Nurses Association
COMP	Canadian Organization of Medical Physics
COS	Canadian Oncology Society
CPCA	Canadian Palliative Care Association
CPCN	Canadian Prostate Cancer Network
CPCRI	Canadian Prostate Cancer Research Initiative
CPG	Clinical Practice Guideline
CSPCP	Canadian Society of Palliative Care Physicians
CSCC	Canadian Strategy for Cancer Control
CST	Cancer Site Team
DHA	District Health Authority
DM	Deputy Ministers
DOH	Department of Health
F/P/T	Federal/Provincial/Territorial
FTE	Full Time Equivalent
HRPWG	Human Resources Planning Working group

IARC	International Agency for Research on Cancer
ICR	Institute of Cancer Research
IPCNS	Integrating Palliative Care in Nova Scotia (Discussion Document)
LTC	Long Term Care
MRI	Magnetic Resonance Imaging
MSNS	Medical Society of Nova Scotia
NA	Needs Assessment – ***Cancer Care Nova Scotia*** Needs Assessment Synthesis
NCIC	National Cancer Institute of Canada
NGOs	Non-government Organizations
NSCC	Nova Scotia Cancer Centre
NSHPCA	Nova Scotia Hospice Palliative Care Association
PC	Palliative Care
PCNH	Palliative Care in Nursing Homes.
PNWG	Patient Navigation Working Group (***CCNS***)
QEII Program	Queen Elizabeth II Health Sciences Centre Palliative Care Program
RCPSC	Royal College of Physicians and Surgeons of Canada
RCTs	Randomized Clinical Trials
RNANS	Registered Nurses Association of Nova Scotia
RPHCPP	Rural Palliative Home Care Pilot Project
RT	Radiation Therapy
SC	Supportive Care
SC/R	Supportive Care/Cancer Rehabilitation
SDI	Service Delivery Inventory – ***Cancer Care Nova Scotia*** Service Delivery Inventory Document
Senate Report	Quality End-of-Life Care: The Right of Every Canadian
SON	Surgical Oncology Network
ST	Systemic Therapy
VON	Victorian Order of Nurses

Participant List - Palliative Care Roundtable June 5, 2001

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A family physician providing Pall. Care services on the South Shore, as well as a member of the Lunenburg-Queens Steering Committee and Section of Palliative Care NSMS.

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Interested in Pall. Care for many years & have worked with the terminally ill on a medical ward for 20 yrs. I feel those suffering with cancer require moral, spir. & phys. supp. that is not always avail., or that they don't know how to access this help.

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Interest in cancer care for the Elderly. Interest in general for LTC. I chair our Pall. Care Committee Chairperson. I sat on Committee with the DOH re: integration of Pall. Care in NS. Specifically the relationship of LTC.

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Provide information on cancer. Work with volunteers to enhance the quality of life of people living with cancer through emotional and patient service programs.

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---

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Involved with palliative/cancer care patients for the last 6 years, most recently in oncology clinical trials. Member of Patient Navigation Working Group. Member of the CHPCA Nursing Standards Committee working toward Nursing Certification in Pall. Care

---

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Palliative care will be a new experience for me and I will be there to learn as much as possible in such a short time. P.S. Thank you for the opportunity to learn.

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I am currently working with the Rural Palliative Care Project in what was "the Northern Region". We meet @ rounds weekly & share the Pall. Care caseload in Cumberland County (with Darlene Harris) of Home Care clients.

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Worked in the area of Pall. Care as a Pall. Care consult nurse, for 14 yrs. I've worked with multidisciplinary teams throughout the QEII, in the care of patients/families facing a life-threatening illness and most of who may have cancer.

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Board Member, DHA 4

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As a SW, provide counselling to terminally ill pts & their families as referred by phys. or hospital staff. Within the Mental Health Clin., am referred most cases of pathological grief. For 9 years I have volunt. to provide training to health prof.& fam

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Pall. Care Volunteer since 1994, VON training as PC Volunteer, former caregiver to younger sister (died of cancer) in our home, member of "NS Hospice Palliative Care Assoc." and "Canadian Palliative Care Assoc." Committee member for VON & NSHPCA projects

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Family physician with special interest in Pall. Care. Provide Pall. Care consultation to other family physicians on the South Shore. Interest in cont. enhancement of Pall. Care services within my district and NS.

Ms. Natalie Coady

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Former PC Coord. At Highland View. Presently at LTC facility, where client will require pall. approach and staff will require educ. & support.

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Palliative Home Care Services are a priority for development. As the Provincial Director of Home Care I am interested in implementing those services.

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I am involved in Palliative Care for children from the Oncology, Hematology and Nephrology services at the IWK Health Centre. My role is to advocate for and support children and families.

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Serv. are not adequately in place in serving our very rural commun. It's traumatic enough to hear that you have that big "C" word but having to worry about cost of pain meds, respite and nsg care espec. if you wish to die @ home is not acceptable.

Ms. Lynn Coulter

Expanded Role Nurse
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As ERN in Thoracic Surgery I am involved with both the medical and nursing care of paitents with lung and esopoph. Cancer. We provide care for these patients through all phases of illness incl. Pall. Care.

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I'm a nurse, breast cancer survivor and volunteer member of Breast Cancer Action Nova Scotia. I have both professional and personal interests in ensuring that Nova Scotia has a high quality, palliative care program.

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I work as a social worker at QEII, covering Palliative Care and Medical Oncology. I also co-facilitate a bereavement support group.

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VON Nurse working one day per week as Palliative Care Volunteer Coordinator

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Of my 24 years of active nursing, the last 15 years has dealt with oncology patients and their families. My passion for nursing revolves around the privilege I have to know cancer victims. Teaching, councilling and care for patients and family I enjoy.

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As a cancer patient I feel I have a unique insight into addressing this are that is often side lined or overlooked. Overcoming the view "If it doesn't affect me or my family why should I care"

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Supervise Care Coordinators who work with clients in their own homes. Increased number of palliative clients wish to stay in their homes. Resources in this rural area limited - fragmented.

Mr. Darrell Dexter

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Darrell Dexter is the NDP Caucus Health Critic.

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Developed hospice program in Minnesota (1978-82), then in N.S. at the Infirm. & in Lunenb./Queens 1982-1995. Cancer pts always priority re: adequate pain control - did great deal of educ. throughout NS re: same. Member of Cancer Care Comm. (early '90s)

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Survivor of breast cancer. Family members died of cancer. Many patients have very small or non-existent support in their illness.

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Organizational interest in looking for ways that we can better assist cancer pts. in need of Pall. Care. Personal interest comes from own exp. with cancer as a patient, friend, family member & as one who offers supp. & assist. to others on this journey.

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Integrated care/continuum of care - district/province, eg. professional community networks. Education/standards - provincial. Bereavement/ follow up for families/next of kin.

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My interest relates to the fact that I am a physician specialist in palliative medicine and all aspects of palliative care are of interest to me.

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There is tremendous interest and support in our District to fill the gaps in the delivery of care for our cancer victims, survivors and families.

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Background in Hematology/Oncology. Worked in Pall. Care since 1990. Current position is Pall. Care Home Consultation Nurse (1 of 5) in the Greater Hfx-Dart. Area.

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Interest in develop. Curric. for multi-discip. health prof. In Pall. Care as this applies to children as patients and children as family member. Involved in loc, nat. & intl. grps developing such curric. & Fac. Scholar with OSI's Project Death in America.

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As Care Team Coordinator for Hematology/Oncology, I am interested in the palliative care component of pediatrics.

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As a Client Advocate as well as a member of the Northwood Homecare Committee trying to organize a team of Home Support Workers at different levels, I am interested in hearing more about care of cancer patients in the home. I am also a member of NSHPC As.

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Support for patient & family. Pain management. Access to information.

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Palliative Care is a core service of a comprehensive cancer care program. Palliative Care professionals bring to the care of cancer patients expertise in symptom management and end of life care.

Ms. Lata Hall

Volunteer

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My husb. & myself will be happy to provide free home stay for ppl coming from out of town for treatment; near the hospitals. Retiring this year & happy to support short stay, emotional need & general care. Free. -Vol. Should be allowed to do pt.referrals

Ms. Donna Hanczaryk

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Coordinate VON of Great. Hfx. Supportive Care Prog. Respite/Pall. Care volunteers working in the community in people's homes. Have trained 60 vol. over last 3 years in 30 hour 7-week training course in respite & Pall. Care. Member of VON Kings Hospice

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Currently involved in Rural Pall. Care Project in Northern Reg. (Amherst) Share caseload (Pall.) with c.c. Cathy Bragg Gilmore. Involved in weekly team conf. with other members of Cumb. Pall. Care team to assist with Home Care needs and assessment.

Ms. Sandra Hatch
Nursing Coordinator
Eastern Shore Memorial Hospital

Sheet Harbour NS B0J 3B0

Work Ph: 902 885-2554
Fax 902 885-3200 *E-mail*

Rev. James M. Hayes
Chaplain

215 Village Road

Herring Cove NS B3V 1H2

Work Ph: (902) 477-8418
Fax (902) 479-1571 *E-mail* james.hayes@ns.sympatico.ca

Ms. Chris Heggelin
Nursing Manager
QEII Health Sciences Centre
Centennial Building
5A Oncology
Halifax NS B3H 2Y9

Work Ph: 902 473-7721
Fax 902 473-6602 *E-mail* nmsmch@qe2-hsc.ns.ca

Long-time interest in loss & grief. Pall. Care is changing my focus a little to Living at the End of Life, & helping the dying to achieve their goals. This is being achieved now through this Roundtable.

Ms. Jeslyn Hendsbee
Palliative Care Coordinator
Inverness Consolidated Memorial Hospital
PO Box 610
James Street
Inverness NS B0E 1N0

Work Ph: 902 258-1927
Fax 902 258-3058 *E-mail* jhendsbee.ich@erhb.ns.ca

As PC Coord. at Inverness Hosp. - most of the pt's I see greater than 90% are cancer pts. My role involves - Pain & Sympt. Mgt. Pt. & fam. counselling. - Staff education/Public Educ. Also involved with cancer pt's receiving chemo (ie. Educ/supp/advocate

Mrs. Donna Hepditch
Social Work
QEII Health Sciences Centre
Room 4313 VMB

Halifax NS B3H 2Y9

Work Ph: 902 473-8691
Fax (902) 473-4582 *E-mail* socdmh@qe2-hsc.ns.ca

Ms. Karen Hoben
Palliative Care Coordinator
Guysborough Memorial Hospital
PO Box 170

Guysborough NS B0H 1N0

Work Ph: 902 533-3702
Fax 902 533-4066 *E-mail*

I work part-time as the Pall. Care nurse consultant/Coordinator for the Guysborough Memorial Hospital and surrounding communities.

Mr. Ted Hobson

1601 Cambridge Street

Halifax NS B3H 4A5

Work Ph: 902 422-6393
Fax *E-mail* tedhobson@yahoo.com

An interested non-professional, whose family had access to the palliative care system this year in the lead-up to my father's death due to cancer in February.

Dr. Andrew Holmes

Staff Physician
Victoria County Memorial Hospital
Box 130

Baddeck NS B0E 1B0

Work Ph: 902 295-2443

Fax 902 295-1775 ***E-mail*** holmesal@phk.auracom.com

General practice physician participating in ongoing care of cancer patients at home and in hospital.

Dr. Robert Horton

Family Physician

Family Practice Associates
P. O. Box 571

Annapolis NS B0S 1A0

Work Ph: 902 532-2324

Fax 902 532-5424 ***E-mail*** horton@canoemail.com

Family Dr. with a clinical interest in hosp. & home Pall. Care. Interested in providing improved access to home Pall. Care and would also be willing to act as a clinical resource on a reg./district basis (with some educ/train) and in an organiz. Capacity

Ms. Mary Hureau

Community Planning Coordinator
DHA 7 - Guysborough Antigonish-Strait Health Auth.
705 Reeves Street

Port NS B0E 2V0

Work Ph: 902 625-3182

Fax 902 625-3183 ***E-mail*** mhureau@erhb.ns.ca

I have been involved in Pall. Care since 1983 and have seen it developed as a care service in the Eastern Regional Health Board. My title is Community Planning Coord. For Dist. 7 but I was Pall. Care Coord. until were seconded by ERHB.

Ms. Sandi Jantzi

Coordinator Volunteer Services
Aberdeen Hospital
835 East River Road

New Glasgow NS B2H 3S6

Work Ph: 902 752-7600 ext. 3875

Fax 902 755-2356 ***E-mail*** sjantzi@nrhb.ns.ca

Ms. Heather Jewers

Palliative Care Nurse Consultant
St. Martha' s Regional Hospital
25 Bay Street

Antigonish NS B2G 2G5

Work Ph: 902 867-4296

Fax 902 867-4428 ***E-mail*** hjewers@ns.sympatico.ca

Involved in cancer care as nurse consultant, Pall. Care program at St. Martha's where oncology & Pall. Care dept.'s are combined. Developed proposal for cancer support clinic (nursing). Have taught palliative care nsg course (distance) at St. FX Univ.

Dr. Grace Johnston

Senior Epidemiologist
Dalhousie University
5599 Fenwick Street

Halifax NS B3H 1R2

Work Ph: 902 494-1309

Fax 902 494-6849 ***E-mail*** grace.johnston@dal.ca

Use hosp., phys., pall. radiation, cancer registry & other prov, adm. data to analyze what services are being provided to persons dying of cancer in NS. Plan to add Narcotic Analgesic use. -Planning & providing a new Pall. Care interprof. Learning ******

Ms. Peggy Kaiser-Kirk

Supervisor, Client Services Community Care
Department of Health
Community Care
23 Bay Street, Suite 200
Antigonish NS B2G 2G7

Work Ph: 902 863-7344
Fax 902 863-7356 *E-mail*

Spv. of Home Care Nurses, who prov. author. Pall. Care to HC clients. - Respons. to ensure Nurses are providing competent care to Pall. clients and for prov. of inserv. train., policy develop. surrounding Pall. Care issues & liason relation. with others

Ms. Eleanor King

Patient Education Coordinator
QEII Health Sciences Centre
6W Room 208 Victoria
Halifax NS B3H 2Y9

Work Ph: 902 473-7835
Fax 902 473-5925 *E-mail* mseik@qe2-hsc.ns.ca

I am responsible for print material at the QEII & Chair the Patient Orientation & Information Task Force.

Ms. Susan King

Hospital Care Coordinator, Comm. Care/Homecare
Home Care Nova Scotia
c/o Bethune Building
Room 248
Halifax NS B3H 2Y9

Work Ph: 902 473-5211
Fax 902 473-7806 *E-mail*

Currently employed by Homecare - Active interest & professional goal to see a Pall. Care Home Care program under Home Care/Community care. 2)Joint Co-Facil. of Children's Bereavement group under the NSHPCA. 3)Active member NSHPCA past board member

Ms. Ruby Knowles

A/Director
Department of Health
201 Willow Street
3rd floor
Truro NS B2N 4Z9

Work Ph: 902 893-0368
Fax 902 893-5839 *E-mail*

As a mgr. with Home Care Nova Scotia in North. Reg. (Dist. 4,5,6) had the opport. to part. in the develop. of an integrated Pall. Care prog. in this reg. Am eager to continue & enhance this prog. develop. & increase access, utiliz. of Pall. Care services

Ms. Janet Knox

Program Director
IWK Health Centre
P.0. Box 3070
5850/5980 University Avenue
Halifax NS B3J 3G9

Work Ph: 902 428-5931
Fax 902 428-3206 *E-mail* janet.knox@iwk.nshealth.ca

Program Director, Children's Acute and Continuing Care, IWK Health Centre

Mr. James Lambie

Palliative Care Volunteer

35 Hampstead Court
Dartmouth NS B2V 2S3

Work Ph:
Fax 902 435-0494 *E-mail* jrlmcs@ns.sympatico.ca

Dr. Gillian Lawrence

Physician
Highland View Regional Hospital
c/o 1323 Tyndal Road

Amherst NS B4H 3Z5

Work Ph: 902 667-9908

Fax 902 667-0386 ***E-mail***

Palliative Care Resource Physician for Cumberland County. Family Physician, Highland View Regional Hospital.

Dr. Shelagh Leahey

Chief of Staff
Yarmouth Regional Hospital
50 Vancouver Street, #312

Yarmouth NS B5A 2P4

Work Ph: 902 742-7598

Fax 902 742-0072 ***E-mail***

As a family physician with special interest in Pall. Care and as chief of staff in regional hospital. I have dual interests in Excellent outcomes for this Roundtable.

Ms. Heidi Little

CCNS - Secretary
Cancer Care Nova Scotia
1278 Tower Road
Room 543

Halifax NS B3H 2Y9

Work Ph: 902 473-3485

Fax 902 473-4631 ***E-mail*** cchjl@qe2-hsc.ns.ca

Ms. Sue Lowthers

RN Unit Coordinator LTC
Hants Community Hospital
Haliburton Place
9 Payzant Drive

Windsor NS B0N 2T0

Work Ph: 902 792-2067

Fax 902 792-2104 ***E-mail***

Manager 30 bed LTC facility. In future, will manage 2 Pall. Care patient rooms for hosp. Patients in these rooms most often diag. With cancer. Will be more involved with Pall. Care, would like to learn as much as possible to assist people with journey.

Mr. Tony Lugar

Co-Chair Prostate Support Group
Prostate Cancer Support Group
1956 Rosebank Avenue

Halifax NS B3H 4C7

Work Ph: 422-8032

Fax ***E-mail*** rtlugar@ns.sympatico.ca

Hospice Volunteer at Northwood Care Inc. - Member of NSHPCA. - Prostate Cancer Survivor. - Coordinator HRM Prostate Cancer Support Group Society.

Ms. Emmie Luther-Hiltz

Coordinator, Cancer Patient & Family Network
Cancer Care Nova Scotia
1278 Tower Road
5th floor Bethune

Halifax NS B3H 2Y9

Work Ph: 902 424-6699

Fax 902 473-4631 ***E-mail*** lutherel@gov.ns.ca

I am looking forward to learning more about Pall. Care as that service now exists in Nova Scotia so that we can expand and strengthen that service for patients.

Ms. Beth MacDonald

Supervisor of Assessments
Department of Health
Community Care
23 Bay Street, Suite 200
Antigonish NS B2G 2G5

Work Ph: 902 863-7332

Fax 902 863-7356 ***E-mail***

Supervisor of Care Coordinators who are authorizing care and Case Managing Home Care Clients in the community. - Participation on committee's which are developed to share information on Palliative Care across health disciplines.

Mr. Dennis MacDonald

Palliative Care Consult Nurse
Aberdeen Hospital
835 East River Road
New Glasgow NS B2H 3S6

Work Ph: 902 752-7600 ext. 4190

Fax 902 755-2356 ***E-mail*** dmacdonald@pcdha.nshealth.ca

I have worked the past 10 years as a palliative care nurse. I am thrilled to be part of the changes/growth that are occuring and the partnerships being developed between palliative care and Cancer Care. Palliative care is a part of Cancer Care!

Ms. Lynn MacDonald

Nurse Consultant Palliative Care
St. Martha' s Regional Hospital
25 Bay Street
Antigonish NS B2G 2G5

Work Ph: 902 867-4436

Fax 902 867-4428 ***E-mail*** lynn.macdonald@ns.sympatico.ca

In order to provide continuity & integration of care, our palliative care program strives to offer support to the patient and family by working closely with other disciplines & services at St. Martha's Reg. Hosp. as well as services in the community.

Ms. Madonna MacDonald

VP, Community Health
DHA 7 - Guysborough Antigonish-Strait Health Auth.
25 Bay Street
Antigonish NS B2G 2G5

Work Ph: 902 867-4271

Fax 902 863-1176 ***E-mail*** mmacdonald.phs@erhb.ns.ca

As VP Community Health in DHA 7 I have responsibility for the Pall. Care Comm. Based Programs. Professionally and personally I have participated in efforts to supp. Pall. Care volunteers & to extend Pall. Care into the community.

Ms. Shelley MacGregor

Coordinator, Clinical Care
Northwoodcare Incorporated
2615 Northwood Terrace
Halifax NS B3K 3S5

Work Ph: 902 421-7379

Fax 902 421-6386 ***E-mail*** smacgregor@nwood.ns.ca

Chair of developing palliative care team which will include home support workers, LPN's and RN's providing Pall. Care to cancer clients in their homes.

Mr. David MacIver

VP Community & Continuing Care
DHA 8 - Cape Breton District Health Authority
Northside General Hospital Site
PO Box 399
North Sydney NS B2A 3M4

Work Ph: 902 794-5451

Fax 902 794-3355 ***E-mail*** maciverd@cbhc.ns.ca

CB DHA has grouped PC with SW, Rehab (OT&PT) & LTC under the VP of Comm. & Cont. Care. Home Care will join this section of the organiz. following devolution to the dist. Integ. of PC & partner. with related agencies/dept. essen. for compreh. services.

Ms. Nan MacKenzie
Volunteer

RR #1 Site 13, Box 11
3885 Sinclair Island Rd
Trenton NS B0K 1X0

Work Ph: (902) 755-3113
Fax *E-mail*

Dr. Kenneth Mackinnon
Retired Physician

PO Box 1165
Antigonish NS B2G 2L6

Work Ph: 902 863-6968
Fax 902 863-0240 *E-mail* meemac@ns.sympatico.ca

One-time Urologist in Chief - R.V.H. - Montreal - involved with Bal mount in start up of RVH Pall. Care unit/service. One time Director, Pall. Care of Hfx. Inf. And St. Martha's. Regional Hosp. Antigonish

Ms. Margaret MacLean
Care Manager
We Care Home Health Services
6960 Mumford Road
West End Mall, Suite 6
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Work Ph: 902 454-2571
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Past Co-Chair central region NSHPCA. Provincial board member NSHPCA. Nurse- Palliative Care.

Ms. Marlene MacLellan
Associate Director
Nova Scotia Centre on Aging - MSVU
166 Bedford Highway
Halifax NS B3M 2J6

Work Ph: 902 457-6546
Fax 902 457-6508 *E-mail* marlene.maclellan@msvu.ca

My primary interests are in family caregiving, systems support for informal caregivers, LTC and quality of life issues. In all of these areas, issues related to Pall. Care emerge- particularly community based services.

Ms. Shaune MacLeod
RN Utilization/Palliative Care
Queen's General Hospital
175 School Street
Liverpool NS B0T 1K0

Work Ph: 902 354-3436 ext. 229
Fax 902 354-2018 *E-mail*

Ms. Cathy MacMillan
Palliative Care Consult Nurse
Colchester Regional Hospital
207 Willow Street
Truro NS B2N 5A1

Work Ph: 902 893-5554 ext. 2306
Fax 902 893-7469 *E-mail* cmacmillan@nrhb.ns.ca

Cathy MacMillan - Palliative Care Consult Nurse in Colchester, East Hants for past 2 years. Most of the clients we see in our program have cancer, and a great number are referred to our program by the cancer clinic at the QEII.

Ms. Jean MacPhee

Director, CBCC
Cape Breton Regional Healthcare Complex
1482 George Street

Sydney NS B1P 1P3

Work Ph: 902 567-8136

Fax 902 567-8075 *E-mail* macdonalddebra@cbhc.ns.ca

As a member of the Cancer Care team, I work closely with the palliative care service. A very large number of palliative care patient referrals are from the Cancer Centre.

Ms. Darla MacPherson

Home Care Nova Scotia
Home Care Nova Scotia
18 South Albion

Amherst NS B4H 2W3

Work Ph: 902 667-4569

Fax 902 667-6246 *E-mail*

Supervise program & staff that deliver Pall. Care and authorize service for Pall. Care clients.

Ms. Elizabeth MacPherson

RN
VON
144 Old Courthouse Branch Road

Truro NS B2N 5B2

Work Ph: 902 895-4966

Fax 902 895-5314 *E-mail*

Mr. Valdore Marchand

Volunteer Fund Raiser & Cancer Survivor

Box 235

Louisdale NS B0E 1V0

Work Ph:

Fax 902 625 0750 *E-mail*

I am a cancer survivor & fund raiser for the Canadian Cancer Society. This will be my 3rd roundtable meeting.

Ms. Meg McCallum

Director of Programs
Canadian Cancer Society
5826 South Street
Suite 1

Halifax NS B3H 1S6

Work Ph: 902 423-6183

Fax 902 429-6563 *E-mail* meg.mccallum@ns.cancer.ca

Dr. Paul McIntyre

Physician
QEII Health Sciences Centre
Palliative Care Program
7S, Room 019

Halifax NS B3H 2Y9

Work Ph: 902 473-8418

Fax 902 473-3103 *E-mail* dompfm@qe2-hsc.ns.ca

Interested in: Service models, outcome measurement, education

Ms. Ann McKim

Supervisor
Home Care Nova Scotia
201 Willow Street

Truro NS B2N 4Z9

Work Ph: 902 895-6999

Fax 902 893-5839 ***E-mail*** amckim@nrhb.ns.ca

Worked directly in Pall. Care for a # of years & recently with the Rural Pall. Home Care Project. Believe there are a number of strengths in services & initiatives in NS which require integration. In addition, there are serious inequities within NS.

Ms. Gisele Melanson

Staff Nurse
VON
55 Starrs Road

Yarmouth NS B5A 2T2

Work Ph: 902 742-4512

Fax 902 742-8962 ***E-mail***

VON staff nurse which works with palliative care clients & their families on a daily basis in their own homes. VON works with clients & fam. In the areas of pain mgt, symptom mgt, personal care, emotional supp., bereavement care & other duties required.

Ms. Linda Mills

Senior Hospice Nurse
Northwoodcare Inc. Hospice Services
2615 Northwood Terrace

Halifax NS B3K 3S5

Work Ph: 902 454-8311

Fax 902 455-6408 ***E-mail***

I have been a Pall. Care nurse in a LTC facility for 10 yrs. Scope of practice incl. Clinical consultation and prov. Educ. On Pall. Care issues & pain and symptom mgt. -to care providers in LTC facilities across prov.

Ms. Michele Moore

CCNS - Secretary
Cancer Care Nova Scotia
1278 Tower Road
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Work Ph: 902 473-3152

Fax ***E-mail***

Dr. M.F. Moriarty

Physician
Dartmouth General Hospital
277 Pleasant Street
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Work Ph: 902 469 2447

Fax 902 469 2449 ***E-mail***

Ms. Sue Morrison

Clinical Nurse Specialist
QEII Health Sciences Centre
Room 361 Bethune

Halifax NS B3H 2Y9

Work Ph: 902 473-2284

Fax 902 473-3359 ***E-mail*** msgsbm@qe2-hsc.ns.ca

As clinical nurse specialist cancer care symptom management I am working (with a team) to develop symptom management guidelines that are multidisciplinary, applicable to all settings where cancer patients are seen, province wide.

Ms. Kathy Muise

Nurse Manager
Yarmouth Regional Hospital
50 Vancouver Street

Yarmouth NS B5A 2P5

Work Ph: 902 742-3541 pg. 49

Fax 902 742-1470 ***E-mail***

Interested in looking @ models of care for PC. There is an identified need for a programme at YRH. Prev. worked @ VG where there was hospice program. Worked extensively within this framework; was on hospice advisory comm. @ that organization.

Ms. Elinor Mullen

Executive Director
Digby County Hospice Society
R.R.#4
PO Box 1843

Digby NS B0V 1A0

Work Ph: 902 245-5848

Fax 902 245-5517 ***E-mail*** emullen@tartannet.ns.ca

I am Exec. Dir. of Hospice for Digby Co. and work closely with the Home Care Prog. Most of our clients are terminally ill from a Cancer related diagnosis. I am interested in coordinating our service more effectively with that of Cancer Care Programs.

Ms. Anne Murray

Education Coordinator
Cancer Care Nova Scotia
1278 Tower Road
Room 541, Bethune

Halifax NS B3H 2Y9

Work Ph: 902 473-3781

Fax 902 473-4631 ***E-mail*** ccavm@qe2-hsc.ns.ca

Work with patients, families, survivors, public & health professionals to promote educational opportunities throughout the spectrum of Cancer care.

Mrs. Cheryl Myers

Director of Care
Palliative Care Association
426 Young Street

Truro NS

Work Ph: (902) 895-8715

Fax 902 897-1903 ***E-mail***

Respite care. Palliative care. Support.

Mrs. Karen Newton

Coordinator of Volunteers
QEII Health Sciences Centre
Palliative Care, 7A Centennial
1278 Tower Road

Halifax NS B3H 2Y9

Work Ph: (902) 473-3811

Fax (902) 473-3103 ***E-mail***

I participate in organizing a joint vol. Training prog. In HRM (9 agencie) each fall. I recruit, train & coordinate approximat. 50 vol. My interest extends to Pall. Care in LTC as I am member of board St. Vincent's Guest House.

Mr. Victor Nickerson

Staff Pharmacist
Queen's General Hospital
School St.

Liverpool NS B0T 1K0

Work Ph: 902 354 3436

Fax 902 354 3371 ***E-mail***

I work in rural and somewhat isolated areas; would like to have some input into the concerns of this type of area by limited access to laminar flow heads to prepare CADD cass.) Also would like to learn more about altern. Med. For uncontrolled pain

Dr. Murray Nixon

Provincial Medical Advisor
Department of Health
1690 Hollis Street, 11th Floor
Joseph Howe Building

Halifax NS B3J 2R8

Work Ph: 902 424-3726

Fax 902 424 0558 *E-mail* nixonmu@gov.ns.ca

Ms. Claire Nyiti

Director, Community Care
Department of Health
360 Prince St., Suite 15

Sydney NS B1P 5L1

Work Ph: 902 563-3701

Fax 902 563-5602 *E-mail*

Personal - cancer care affects everyone of us directly or indirectly & our knowledge base is crucial in caring for loved one. Professional- comm. care prog. strives to assist Pall. Care clients stay home where they feel most at ease surround. by loved one

Ms. Margaret O'Neill

RN
Tideview Terrace Nursing Home
Box 1120

Digby NS B0V 1A0

Work Ph: 902 245-4718

Fax 902 245-6674 *E-mail* tideview@tartannet.ns.ca

My reasons for attending are both professional and personal. I am also a representative from Long Term Care in Health District #2. So often we express the need for palliative care resources yet we are silent in communicating these needs.

Ms. Cindy Oickle

Palliative Care Coordinator
All Saints Springhill Hospital
10 Princess Street
PO Box 700

Springhill NS B0M 1X0

Work Ph: 902 597-3773

Fax 902 597-2347 *E-mail* coickle@nrhb.ns.ca

Palliative Care Nurse at All Saints Springhill Hospital. Approx. 85% of our clients have cancer. Facilitate Living with Cancer Support Group

Ms. Janie Oickle

Palliative Care Consult Nurse
South Shore Regional Hospital
90 Glen Allen Drive

Bridgewater NS B4V 3S6

Work Ph: 902 634-8801 ext. 3235/3107

Fax 902 634-4933 *E-mail*

A Palliative Care Consult Nurse for 7.5 years. Greater than 90% of case load are patients with cancer diagnosis.

Ms. Debbie Oliver

Nsg Manager (Oncology)
Aberdeen Hospital
835 East River Road

New Glasgow NS B2H 3S6

Work Ph: 902 752-7600 ext. 3430

Fax 902 752-2356 *E-mail* doliver@nrhb.ns.ca

Ms. Dale Orychock

Director Palliative Care
Cape Breton Regional Healthcare Complex
Palliative Care Service
1482 George Street
Sydney NS B1P 1P3

Work Ph: 902 567-7846
Fax 902 567-7962 *E-mail* daleor@cbhc.ns.ca

Numerous studies & reports on End of Life issues have recommended increased aware., educ. & fund. For Pall. Care - espec. delivery of service in the home. Pall. Care prog. are interested in wkg with CCNS to improve Quality of Life for Cancer pt & fam.

Dr. Andrew Padmos

Head, QEII Cancer Care Program
Cancer Care Nova Scotia
1278 Tower Road
Room 509 Bethune
Halifax NS B3H 2Y9

Work Ph: 473-4625
Fax 473-4631 *E-mail* ccmap@qe2-hsc.ns.ca

Ms. Gael Page

Senior Director, Resident Care Services
Northwoodcare Incorporated
2615 Northwood Terrace
Halifax NS B3K 3S5

Work Ph: 902 454-3384
Fax (902) 454-3422 *E-mail* gpage@nwood.ns.ca

Member of the Cdn. Pall. Care Assoc. Exec., and NS prov. Rep.. Past President NSHPCA - current bd member. Developed the Hosp. Prog. at Northwood. Current - Senior Dir. Res. Care- includes nsg. & resident service dept. (incl. Hospice program)

Ms. Melanie Parsons-Brown

Coordinator Palliative Care
QEII Health Sciences Centre
Room 5315
5955 Jubilee Road
Halifax NS B3H 2E1

Work Ph: 902 473-8550
Fax 902 473-2565 *E-mail* nemrp@qe2-hsc.ns.ca

Goal of care for both Veterans & fam. is to achieve the best quality of life at the end stage of their illness. Ident. and easing the phys., psychosocial and spirit. aspects of pain is the focus of care. Also incl. bereav. care foll. death of loved 1

Ms. Lorri Anne Perrott

16 Greenwood Dr.
Dartmouth NS B2W 3S5

Work Ph:
Fax *E-mail*

Ms. Jill Petrella

Quality Coordinator
Cancer Care Nova Scotia
5th Floor Bethune Building
Halifax NS B3H 2Y9

Work Ph: 902 473-2936
Fax 902 473-4631 *E-mail* ccjtp@qe2-hsc.ns.ca

Staff person in CCNS with primary responsibility for the development of the District Cancer Program. Palliative care for patients will be a key element of the DCP in every district.

Ms. Tamara Plante

CCNS - Secretary
Cancer Care Nova Scotia
Room 543, Bethune Building

Halifax NS B3H 2Y9

Work Ph: 902 473 4645

Fax 902 473 4631 *E-mail* cctmp@qe2-hsc.ns.ca

Dr. Anne Pollett

Physician
Cape Breton Regional Healthcare Complex
Palliative Care Service
1482 George Street

Sydney NS B1P 1P3

Work Ph: (902) 567-7804

Fax (902) 567-8062 *E-mail* polletta@cbhc.ns.ca

Ms. Louise Pothier

Nurse
QEII Health Sciences Centre
7A Centennial

Halifax NS B3H 2Y9

Work Ph:

Fax (902) 473-3103 *E-mail* pothier@ns.sympatico.ca

RN working as a community consult RN out of the Palliative Care Program at the QEII. Very interested in the development of Pall. Care province wide. Past secretary of NSHPCA.

Ms. Chris Power

Vice President, Health
Capital Health District
c/o QEII Health Sciences Centre
Level 200 Halifax Infirmary, Room 2135

Halifax NS B3H 3A7

Work Ph: 902 473-3318

Fax 902 473-1535 *E-mail* chris.power@cdha.nshealth.ca

Palliative Care is an integral component of care delivery within the CDHA. I am particularly interested in enhancing service provision in Dist. 9, as well as the possibility of coordinating services across the province.

Mr. Brent Powers

Administrative Coordinator
Cancer Care Nova Scotia
5th Floor Bethune Building
Room 505

Halifax NS B3H 2Y9

Work Ph: 902 473-2933

Fax 902 473-4631 *E-mail* ccbcp@qe2-hsc.ns.ca

Ms. Muriel Presant

Volunteer - CHB

1638 Whilende Road
R.R. #1

Cleveland NS B0E 1J0

Work Ph: 902 625-1341

Fax *E-mail*

Muriel Presant is a cancer survivor and has been working as a Pall. Care Volunteer since 1992 and has represented the Community Health Board on the Palliative Care issues.

Ms. Lori Reilly

Director
We Care Home Health Services

6960 Mumford Rd Suite # 6
Halifax NS B3L 4P1

Work Ph: (902) 454-2571
Fax (902) 454-2522 *E-mail* wecarehfx@ns.sympatico.ca

Dr. Len Reyno

Medical Oncology - Head
QEII Health Sciences Centre
Room 457 Bethune

Halifax NS B3H 2Y9

Work Ph: 902 473-3748
Fax 902 473-6186 *E-mail* cclmr@qe2-hsc.ns.ca

Ms. Bonnie Richard

RN, Clinical Coordinator Palliative Care
Eastern Memorial Hospital
P.O. Box 10
Union Street
Canso NS B0H 1H0

Work Ph: 902 366-2794
Fax 902 366-2740 *E-mail* nursing.emh@erhb.ns.ca

Pall. Care Coord. in a remote rural area. Our pts. with a cancer diagnosis have to travel quite a distance for app. & treatments. There are limited available resources to assist these indiv. Hoping easier access to cancer care for members of our comm.

Ms. Brenda Sabo

Surgical Oncology Network Coordinator
Cancer Care Nova Scotia
QEII Health Sciences Centre
7S Victoria, Room 013
Halifax NS B3H 2Y9

Work Ph: 902 473-7375
Fax *E-mail* ccbs@qe2-hsc.ns.ca

Ms. Elizabeth Salton

Box 1101, RR #1
Tantallon NS B0J 3J0

Work Ph:
Fax (902) 823-2579 *E-mail* esalton@hfx.eastlink.ca

I'm involved with a newly-formed group exploring hospice/pall. care options in the St. Margarets Bay area. For the past seven years I have organized the door-to-door cancer canvas on the east side of the bay.

Ms. Lauren Scott

Administrator
Ocean View Manor
1909 Caldwell Road
PO Box 130
Eastern NS B3G 1M4

Work Ph: 902 465-6020 ext. 135
Fax 902 465-4929 *E-mail*

Ocean View Manor is beginning to develop a comprehensive palliative care program for the facility. As well, I have a personal interest as I have a deep respect for the philosophy of palliative care.

Ms. Linda Sibley

Palliative Care Coordinator
Musquodoboit Valley Memorial Hospital
492 Archibald Brook Road

Middle NS B0N 1X0

Work Ph: 902 384-2220

Fax 902 384-3310 *E-mail*

Palliative Care Coordinator in an area with a high incidence of colorectal cancers. I care for patients in hospital and in-home.

Ms. Judy Simpson

Palliative and Supportive Care Coordinator
Cancer Care Nova Scotia

Room 343 Bethune

Halifax NS B3H 2Y9

Work Ph: 902 473-3825

Fax 902 473-3162 *E-mail* paljes@qe2-hsc.ns.ca

Involved in Pall. Care and psychosocial onc. at local, prov. & nat. level for the past 12 yrs. Presently President of NS Hosp. Pall. Care Assoc. Feels that Pall. Care should be a core service in NS and be accessible to all cancer pts. & familes.

Ms. Christine Smith

Communications Coordinator
Cancer Care Nova Scotia
1278 Tower Road
Bethune 586

Halifax NS B3H 2Y9

Work Ph: 902 473-2932

Fax 902 473-4631 *E-mail* cccms@qe2.hsc.ns.ca

Dr. Jim Smith

MLA, Dartmouth East
Province of Nova Scotia
Lib. Caucus
63 Tacoma Drive, Suite 303

Dartmouth NS B2W 3E7

Work Ph: 902 435-6870

Fax 902 435-5099 *E-mail* smithja@gov.ns.ca

Ms. Francoise St. Denis

Palliative Home Consult Nurse
QEII Health Sciences Centre
7A VG site

Halifax NS B3H 2Y9

Work Ph: (902) 473-3941

Fax (902) 473-3103 *E-mail*

20 yrs exp. In Pall. Care. First as a volunteer then 18 yrs as nurse.11 yrs exp. in symptom mgt. for pts. In their homes. Liaison with different level gov't & priv. Agencies & family phys. Strong advocate for imp.quality & accessibility of services.

Ms. Dorothy Strachan

Facilitator
Strachan Tomlinson & Associates
31 Euclid Avenue

Ottawa ON K1S 2W2

Work Ph: 613 730 1000

Fax 613 730 0014 *E-mail* ds.st@cyberus.ca

Ms. Judy Stringer

RN Supervisor Home Support Services
Lunenburg County Home Support Services Society
821 King Street
Suite 5

Bridgewater NS B4V 1B7

Work Ph: 902 543-1650

Fax 902 543-4972 *E-mail*

RN Supervisor with Home Care Support Services; Supervise staff who attend Pall. Care clients, also liason with Palliative Care nurses, VON and homecare. Attend Palliative care meetings on a regular basis held at the SSRH.

Ms. Vickie Sullivan

Nurse Program Manager
Nova Scotia Cancer Centre
Main Floor Dickson Building
Room 2021

Halifax NS B3H 2Y9

Work Ph: 902 473-6069

Fax 902 473-4224 *E-mail* ccvls@qe2-hsc.ns.ca

Nurse Manager - QEII Cancer Program, Ambulatory Clinics

Ms. Bonnie Sweet

Palliative Care Consult Nurse
South Shore Regional Hospital
90 Glen Allen Drive

Bridgewater NS B4V 3S6

Work Ph: 902 634-8801 ext. 3107

Fax 902 634-4933 *E-mail*

Palliative Care consult nurse for 6 years. Noticed a number of gaps when working with cancer patients.

Ms. Joy Tarasuk

RN
QEII Health Sciences Centre
NSCC - Main Floor Dickson

Halifax NS B3H 2Y9

Work Ph: 902 473-6069

Fax 902 473-4224 *E-mail*

Staff Nurse - QEII HSC - Cancer Program, Nova Scotia Cancer Clinic.

Ms. Hennie Taylor

Pharmacy Technician
Highland View Regional Hospital
110 E. Pleasant Street

Amherst NS B4H 1N6

Work Ph: 902 667-3361 ext. 6111

Fax 902 667-3156 *E-mail* hennietaylor@hotmail.com

Personal: My father died of cancer Nov. 2000. Illness @ home with support: VON/Homecare/Pall. Care. Org: Work in an acute care hosp. Have peripheral contact re: Pall. Care & meds in hosp. setting.

Ms. Theresa Marie Underhill

Chief Operating Officer
Cancer Care Nova Scotia
1278 Tower Road
Bethune Room 511

Halifax NS B3H 2Y9

Work Ph: 902 473-4637

Fax 902 473-4631 *E-mail* cctmu@qe2-hsc.ns.ca

Ms. Martha Underwood

Palliative Care Consult Nurse
North Cumberland Memorial Hospital
/Lillian Fraser Memorial Hospital
Box 40, 110 Blair Avenue

Tatamagouche NS B0K 1V0

Work Ph: 902 657-2382

Fax 902 657-3745 *E-mail*

Palliative Care Consult Nurse based at the Pugwash & Tatamagouche Hospitals & serving the surrounding areas.

Ms. Susan Veniot

Director of Pastoral Care
Saint Vincent's Guest Home
2080 Windsor Street

Halifax NS B3K 5B2

Work Ph: 902 429-0550

Fax 902 492-3703 *E-mail* rse.venio@ns.sympatico.ca

Assisting resid. & fam. in completing advance directives; clarifying value issues with above, staff & inst.; assist in decis. making & communication; support; facil. spirit.issues related to organ/tissue don; responding to spirit.distress; help in coping

Dr Virginia Walford

Psychologist
Nova Scotia Hospital
5538 Macara Street

Halifax NS B3K 1V9

Work Ph: (902) 464-3256

Fax 902 464-3002 *E-mail* vlwalfor@nshospital.ns.ca

Priv. Pract. - specialize and teach (St. Mary's and Dalhousie) loss, grief and bereavement. People with cancer. Hosp. settings - work with people who are dying / chronically ill. Personal - passionate and determined to promote pall. Care in NS.

Ms. Kim Widger

Clinical Nurse Specialist
IWK Health Centre
5850 University Avenue
6 North

Halifax NS B3J 3G9

Work Ph: 902 428-3262

Fax 902 428-3216 *E-mail* kimberley.widger@iwk.nshealth.ca

The Pediatric Pall. Care service provides consultation on issues related to pediatric Pall. Care across the Maritimes. One-third of the children & families seen by the service have a cancer diagnosis.

Ms. Debbie Williams

Care Coordinator - Community Care
Department of Health
Community Care Branch
825 East River Road

New Glasgow NS B2H 3S6

Work Ph: 902 928-3609

Fax 902 752-3532 *E-mail*

I am a care coordinator with the Dept. of Health - Community Care Branch. I participate as a member on the palliative care team. My role involves assisting the client/fam. in identifying needs & developing a plan of care to meet these needs.

Ms. Lisa Wilson

Palliative Care Consult Nurse
Colchester Regional Hospital
207 Willow Street

Truro NS B2N 5A1

Work Ph: 902 893-5554 ext. 2306

Fax 902 893-7469 *E-mail* lwilson@nrhb.ns.ca

Have Worked in Colchester, East Hants for the last six years as a consult nurse. Most clients on our caseload have cancer, and many are referred via the cancer clinic.

Ms. Ronnie Woodacre

Palliative Care Consult Nurse
Sutherland-Harris Memorial Hospital
Box 1059
222 Haliburton Road

Pictou NS B0K 1H0

Work Ph: 902 485-5665 ext. 136

Fax 902 485-8835 ***E-mail*** rwoodacre@ns.sympatico.ca

Palliative Care Consult Nurse working part-time in Pictou-West Pictou Arena also have patients in New Glasgow. I cover for Pall. Care Coordinator at Aberdeen Hospital.

Ms. Jodi Ybarra

Unit Manager
Roseway Hospital/Shelburne Co. Health Centre
P.O. Box 610

Shelburne NS B0T 1W0

Work Ph: 902 875 3132

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Ms. Lynn Yetman

Coordinator Volunteer Services
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207 Willow Street

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Work Ph: 902 893-5554 ext. 2283

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I am part of the Palliative Care Team. I facilitate palliative rounds as well as provide direction on Palliative Care Volunteers and Bereavement Follow Up to our Palliative Families.